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Jun 02 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739512 (2)

1. Corporation Name

SOUTH JACKSONVILLE CHAPTER #2875 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

2118 KINGS AVE  
JACKSONVILLE FL 32207  
US4175 SPRING GLEN RD.  
JACKSONVILLE FL 32207-2048  
US1272 Norwich Road 7526  
Jacksonville, Fla. 32207

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/29/1977

3a. Date of Last Report

04/29/1996

4. FEI Number

95-3130839

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNEAD, MEL C  
4175 SPRING GLEN RD  
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Silas T. Tygart, Sr.  
1272 Norwich Road

83

84 City

Jacksonville,

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Silas T. Tygart Sr.*  
Signature typed or printed name of registered agent and file if applicable.SILAS T. TYGART SR.  
(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SNEAD, MEL C  
STREET ADDRESS 4175 SPRING GLEN RD  
CITY-ST-ZIP JACKSONVILLE FL 322071.1 TITLE ☐ Change ☐ Addition  
1.2 NAME President  
1.3 STREET ADDRESS Silas T. Tygart, Sr.  
1.4 CITY-ST-ZIP 1272 Norwich Rod.  
Jacksonville, Fla. 32207TITLE V ☐ DELETE  
NAME TYGART, SILAS  
STREET ADDRESS 1271 NORWICH AVE  
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME Agnes Crews Vice Pres.  
2.3 STREET ADDRESS 7144 Pottsborg Drive  
2.4 CITY-ST-ZIP Jacksonville, Fla. 32216TITLE S ☐ DELETE  
NAME SNEAD, ELEANOR G  
STREET ADDRESS 4175 SPRING GLEN RD  
CITY-ST-ZIP JACKSONVILLE FL 322073.1 TITLE ☐ Change ☐ Addition  
3.2 NAME Dot Colbert  
3.3 STREET ADDRESS 2918 Elisa Drive, E.  
3.4 CITY-ST-ZIP Jacksonville, Fla. 32216TITLE T ☐ DELETE  
NAME RICHMOND, PAUL  
STREET ADDRESS 1804 SAN MARCO AVE  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME Treasurer  
4.3 STREET ADDRESS Paul Richmond, 1804 San Marco Ave.  
4.4 CITY-ST-ZIP Jacksonville, Fla. 32207TITLE D ☐ DELETE  
NAME COLBERT, DORIS  
STREET ADDRESS 2918 ELISA DRIVE, E.  
CITY-ST-ZIP JACKSONVILLE FL 322165.1 TITLE ☐ Change ☐ Addition  
5.2 NAME D. Mel C Snead  
5.3 STREET ADDRESS 4175 Spring Glen Road  
5.4 CITY-ST-ZIP Jacksonville, Fla. 32207TITLE D ☐ DELETE  
NAME HARDWICK, GERALDINE  
STREET ADDRESS 3521 ST. NICHOLAS AVE  
CITY-ST-ZIP JACKSONVILLE FL 322076.1 TITLE ☐ Change ☐ Addition  
6.2 NAME D. Gerldine Hardwick  
6.3 STREET ADDRESS 3521 St. Nicholas Ave.  
6.4 CITY-ST-ZIP Jacksonville, Fla. 32207

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97

904-398-4933  
Daytime Phone 10004920

CR2E037 (9/96)